

BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 12 | 6/15 |
| FORMALITY REVIEW | 51 | 1621 | 08/01/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|-------------------|------|
| Final Original | |
| 1 | 4/03 |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
|-------------------|------|
| Final Original | |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

907
 28/6/01